FORM D Section SE

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

	1386838
,	OMB APPROVAL

OMB Number:			
s	EC USE	ONLY	
Prefix			Serial
1			
D/	TE REC	EIVED	

Name of Offering Limited Partnership	(☐ check if this is an ar Interests in Aristos Cap		has changed, and ir	ndicate change.)					
Filing Under (Check		☐ Rule 504	☐ Rule 505	☑ Rule 506		Section 4(6)	ULOE		
Type of Filing:	□ New Filing	☑ Amendment		4					
		A. BASI	CIDENTIFICAT	ION DATA		## 1884 1000 BLAN 1001 II			
Enter the inform	nation requested about the	issuer							
Name of Issuer									
Aristos Capital Partners, LP 08058097									
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)									
c/o Aristos Capital,	LLC, 1251 Avenue of the	Americas, Suite 23	70, New York, NY	10020					
Address of Principal	Offices		(Number and Stree	et, City, State, Zip Co	ode)	Telephone No	umber (including A ear (io ie)		
(if different from Exe	cutive Offices)						PKOCEA		
Brief Description of E	istos Capital Partners, LP 08058097								
Type of Business Or	ganization						ALCON REUTER		
	corporation		partnership, already	formed		other (please sp	off OMPONION		
	☐ business trust	☐ limited p	partnership, to be fo	med					
	Date of Incorporation or Orocation or Organization: (Enter two-letter U.S. F	1 1 Postal Service Abbro	0	6				

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

not required to respond unless the form displays a currently valid OMB control number. A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Executive Officer ☐ Director □ General and/or Managing Partner Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner Full Name (Last name first, if individual): Aristos Capital, LLC Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, 1251 Avenue of the Americas, Suite 2370, New York, NY 10020 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner □ Executive Officer ☐ Director Full Name (Last name first, if individual): Aristos Capital Management, LLC Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, 1251 Avenue of the Americas, Suite 2370, New York, NY 10020 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ General and/or Managing Partner ☐ Director Full Name (Last name first, if individual): Woodard, Nelson P., Ph. D. Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, 1251 Avenue of the Americas, Suite 2370, New York, NY 10020 Check Box(es) that Apply: ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner □ Promoter Full Name (Last name first, if individual): Shimunov, Lenny B. Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, 1251 Avenue of the Americas, Suite 2370, New York, NY 10020 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Peng, Jeffrey K. Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, 1251 Avenue of the Americas, Suite 2370, New York, NY 10020 ☐ Promoter ☐ General and/or Managing Partner Check Box(es) that Apply: ☐ Beneficial Owner ☐ Director Full Name (Last name first, if individual): Jaeger, Raymond Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, 1251 Avenue of the Americas, Suite 2370, New York, NY 10020 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Jagai, Lloyd Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, 1251 Avenue of the Americas, Suite 2370, New York, NY 10020 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner □ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual): Business or Residence Address (Number and Street, City, State, Zip Code): ☐ Beneficial Owner Check Box(es) that Apply: ☐ Promoter ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Business or Residence Address (Number and Street, City, State, Zip Code):

					B.	INFORM	MATION	ABOUT	OFFER	ING			
							m. 11		· · · · · · · · · · · · · · · · · · ·				57 N.
1.	Has the issu	ier sold, or	does the is	suer inten	d to sell, to Answer a	non-accr also in App	edited inve bendix, Co	estors in th lumn 2, if f	is offering iling under	? ULOE.	•••••	☐ Yes	⊠ No
2.													
		•	•	•	•							Yes	□ No
	any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full I	Full Name (Last name first, if individual) WA												
Busii	ness or Resi	dence Add	ress (Numb	per and Str	eet, City, !	State, Zip	Code)						
Nam	e of Associa	ted Broker	or Dealer										
	s in Which I (Check "All												☐ All States
	·		□ [AR]		-					☐ [GA]	[HI]		_
□ [II	_] 🔲 [IN]	[IA]	☐ [KS]	☐ [KY]	□ [LA]	☐ [ME]	☐ [MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
□ [N	IT] 🔲 [NE] 🔲 [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]		□ [ND]	□ [OH]	□ [OK]	□ [OR]	☐ [PA]	
□ [F	ii) 🗆 [sc) 🗖 [SD]	[NT]	[XT]	[UT]	□ [Λ⊥]	[VA]	[WA]	[M∧]	[WI]	□ [WY]	[PR]	
Full	Name (Last i	name first, i	if individual)									
Busi	ness or Resi	dence Add	ress (Numb	per and Str	eet, City,	State, Zip	Code)				·		
Nam	e of Associa	ted Broker	or Dealer										
	s in Which I (Check "All								**********				☐ All States
\square [4	`			□ [CA]	•				🔲 (FL)	☐ [GA]	[HI]	□ [ID]	
	_] 🔲 [IN]	□ [IA]	☐ [KS]	[KY]	[LA]	☐ [ME]	[MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
□ [N	IT] 🔲 [NE] [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]	[NC]	□ [ND]		□ [OK]	□ [OR]	□ [PA]	
□ [F	RI] 🔲 [SC] 🔲 (SD)	[TN]	□[ТХ]	□ (UT)		□ [VA]	□ [WA]		[WI]		□ [PR]	
Full f	Name (Last i	name first, i	if individual)									
Busi	ness or Resi	dence Add	ress (Numb	per and Str	eet, City, S	State, Zip	Code)						
Nam	e of Associa	ted Broker	or Dealer										
	s in Which f (Check "All												☐ All States
□ [<i>A</i>	L] [AK]	□ [AR]							☐ [GA]	☐ [HI]	□ [ID]	
			□ [KS]		□ [LA]						☐ [MS]		
□ [N			•	☐ [NJ]			[NC]						
	(I) ☐ (SC] [SD]	[NT] 		[נדט]				[WV]		[WX]		
				(Use bla	nk sheet, d	or copy an	a use addi	tional copi	es of this s	sneet, as r	recessary)		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	<u>\$</u>	0	\$_	
	Equity	\$	0	\$_	
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	0	\$_	······
	Partnership Interests	\$	100,000,000	<u>\$</u>	17,142,400
	Other (Specify)	<u>\$</u>	0	<u>\$</u>	
	Total	\$	100,000,000	\$	17,142,400
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				•
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		20	<u>\$</u>	17,142,400
	Non-accredited Investors		0	<u>\$</u>	0
	Total (for filings under Rule 504 only)		0	<u>\$</u>	0
3.	Answer also in Appendix, Column 4, if filing under ULOE If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.		_ ,		
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		N/A	\$_	N/A
	Regulation A		N/A	<u>\$</u>	N/A
	Rule 504		N/A	<u>\$</u>	N/A
	Total		N/A	<u> </u>	N/A
١.	 a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. 				
	Transfer Agent's Fees		🗆	\$	
	Printing and Engraving Costs	••••••	🗖	<u>\$</u>	0
	Legal Fees		🛛	\$	16,069
	Accounting Fees		🗆	\$	0
	Engineering Fees		🗆	\$	0
	Sales Commissions (specify finders' fees separately)		🗆	\$	0
	Other Expenses (identify)	••••••	🗆	\$_	0
	Total		🗆	<u>\$</u>	16,069

	OFFERING PRICE, NOME	SER OF INVESTORS, EXP	LIAOLO	AND USE OF FROM	JLLD.	,
4	b. Enter the difference between the aggregate offering Question 1 and total expenses furnished in response to "adjusted gross proceeds to the issuer."	Part C-Question 4.a. This different	ence is the		<u>\$</u>	99,983;931
5	Indicate below the amount of the adjusted gross procedused for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate, the adjusted gross proceeds to the issuer set forth in re	r any purpose is not known, furnis The total of the payments listed m	h an ust equal			
	the adjusted gross proceeds to the issuer section in the	sponse to Part 0 - Question 4.b.	above.	Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees			\$		\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and installation of m	achinery and equipment		\$	_ 🗆	\$
	Construction or leasing of plant buildings and fa	cilities		\$		\$
	Acquisition of other businesses (including the vo		er			
	pursuant to a merger			\$. 🗆	\$
	Repayment of indebtedness			\$	_ 🗆	\$
	Working capital			\$		\$ 99,983,931
	Other (specify):			\$	_ 🗆	<u>\$</u>
				\$		\$
	Column Totals			<u>\$</u>		\$ 99,983,931
	Total payments Listed (column totals added)			⋈ \$9	9,98	3,931
		D. FEDERAL SIGNATU	IRF	= -107-17		
TI	is issuer has duly caused this notice to be signed by the			notice is filed under Rule	505 th	following signature
CC	is issuer has duly caused this holice to be signed by the institutes an undertaking by the issuer to furnish to the U the issuer to any non-accredited investor pursuant to pa	.S. Securities and Exchange Com	mission, up	oon written request of its	staff, the	information furnished
	suer (Print or Type)	Signature		D	ate	
	istos Capital Partners, LP	Longing	<u> </u>		Augus	st 13, 2008
	ame of Signer (Print or Type) oyd Jagai	Title of Signer (Print or Type) Authorized Person				
				<u> </u>		
		ATTENTION				
	Intentional misstatements or omis	sions of fact constitute federal	criminal v	iolations. (See 18 U.S.C). 1001.)
Т		E STATE SIGNATI	IRF		-	

1.	Is any party described in 17 CFR 230.262 provisions of such rule?	presently subject to any of the disqualification	Yes 🛭 No		
	Se	ee Appendix, Column 5, for state response.			
2.	The undersigned issuer hereby undertakes (17 CFR 239.500) at such times as required	to furnish to any state administrator of any state in which this not d by state law.	lice is filed a notice on Form D		
3.	The undersigned issuer hereby undertakes	to furnish to the state administrators, upon written request, inform	nation furnished by the issuer to offerees.		
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.				
	ssuer has read this notification and knows the crized person.	ontents to be true and has duly caused this notice to be signed or	n its behalf by the undersigned duly		
Issue	r (Print or Type)	Signature	Date		
Arist	os Capital Partners, LP	Llongandge	August 13,2008		
	e of Signer (Print or Type) I Jagai	Title of Signer (Print of Type) Authorized Person			

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APF	PENDIX						
1	2	2	3			4	·	5	,		
	Intend to non-ad investors (Part B -	credited in State	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and amount purchased in State (Part C – Item 2)						
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL					<u>.</u> .		•				
AK											
AZ							·- · · ·				
ΑŔ											
CA		Х	\$100,000,000	1	\$1,000,000	0	\$0		х		
СО											
СТ											
DE							· ·				
DC											
FL	:										
GA		Х	\$100,000,000	1	\$1,000,000	0	\$0		Х		
н	:										
Œ											
IL								ļ <u></u>	ļ		
IN											
IA											
KS											
KY											
LA		Х	\$100,000,000	1	\$285,000	0	\$0		х		
ME											
MD		Х	\$100,000,000	1	\$1,000,000	0	\$0		X		
MA		Х	\$100,000,000	1	\$750,000	0	\$0		X		
МІ					. <u> </u>						
MN							 				
MS									ļ		
МО											
MT									ļ		
NE		Х	\$100,000,000	1	\$1,400,000	0	\$0		х		
NV											
NH											
NJ		Х	\$100,000,000	3	\$2,700,000	0	\$0		X		
NM											

				API	PENDIX					
		<u> </u>						,	-	
1	4	2	3			4			5	
	Intend to non-ad investors (Part B -	in State	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NY		Х	\$100,000,000	7	\$3,750,000	0	\$0		Х	
NC										
ND										
ОН										
ОК										
OR										
PA	_	х	\$100,000,000	1	\$1,500,000	0	\$0		X	
RI										
sc								<u> </u>		
SD									ļ	
TN		-					· · · · · · · · · · · · · · · · · · ·		-	
TX UT									<u> </u>	
VT									<u> </u>	
VA		x	\$100,000,000	3	\$2,750,000	0	\$0		×	
WA			4.55,550,000						<u> </u>	
wv					<u></u>		,		 	
WI										
WY									<u> </u>	
Non US		х	\$100,000,000	1	\$1,500,000	0	\$0		x	

